

# IPC Technical Checklist

(Revised May 2009)

Type of Waiver (Mark One):

- ☐ Adult DD Waiver  
☐ Children DD Waiver  
☐ ABI Waiver

\_\_\_\_\_  
Waiver Participant Legal Name

\_\_\_\_\_  
Plan Start Date

\_\_\_\_\_  
Case Manager/Organization

\_\_\_\_\_  
Waiver Specialist Name

## Individualized Plan of Care and Supplemental Forms

*Check items submitted with the plan of care. Submit items in the order below.  
Waiver specialists will not review plans until all components have been received.*

- \_\_\_\_\_ Extraordinary Care Committee Request Packet (If plan amount exceeds IBA)
- \_\_\_\_\_ Supervision level and/or Intervention Request Form (If requesting more supervision or intervention)
- \_\_\_\_\_ Pre-Approval Form
- \_\_\_\_\_ LT-MR-104/LT-ABI-105 Form
- \_\_\_\_\_ Guardianship Information
- \_\_\_\_\_ ICAP Summary Form (3 Forms)
- \_\_\_\_\_ Psychological or Neuropsychological Report
- \_\_\_\_\_ Medical Report
- \_\_\_\_\_ Individualized Plan of Care Document
- \_\_\_\_\_ Positive Behavior Support Plan
- \_\_\_\_\_ Service Forms marked on the next page of this checklist

### For Division Use Only

\_\_\_\_\_  
Date Stamp Document

\_\_\_\_\_  
Date Plan is received by the Division

\_\_\_\_\_  
Date Plan reviewed by DDD Staff

\_\_\_\_\_  
Signature of Waiver Specialist

**IMPORTANT:** The Plan of Care and the technical checklist must be received by the Division **at least 30 days** prior to the plan start date. All signatures shall be obtained **before** submission of the plan of care, or it will be considered incomplete.

## WAIVER SERVICES REQUIREMENTS

**Mark all components included in the plan of care.**

WAIVER SERVICE CODE	ADDITIONAL INFORMATION REQUIRED
Case Management	____ Completed Conflict of Interest disclosure, if applicable. Otherwise, no forms required with plan.
____ Cognitive Retraining	____ Service Form
____ Day Habilitation <input type="checkbox"/> Daily <input type="checkbox"/> 15 min/group	____ Habilitation Service Form ____ Schedule
____ Day Habilitation Intervention	____ Supervision Level and Intervention Request Form ____ Schedule
____ Dietician	____ Service Form ____ Physician's Order ____ Treatment letter or recommendation
____ Environmental Modifications (New) ____ Environmental Modifications (Repair)	____ Service Form ____ Photos or drawings ____ 2 itemized bids
____ Homemaker	____ Schedule ____ Service Form
____ Individual Community Integrated Employment	____ Schedule ____ Employment Service Form
____ Occupational Therapy – Individual ____ Occupational Therapy – Group	____ Service Form ____ Treatment letter or Recommendation
____ Personal Care	____ Schedule ____ Service Form
____ Physical Therapy – Individual ____ Physical Therapy – Group	____ Service Form ____ Physician's Order ____ Treatment letter or recommendation
____ Residential Habilitation	____ Habilitation Service Form ____ Schedule
____ Residential Habilitation Intervention	____ Supervision Level and Intervention Request Form ____ Schedule
____ Residential Habilitation Training	____ Habilitation Service Form ____ Schedule
____ Respite	____ Schedule ____ Service Form
____ Skilled Nursing	____ Physicians Orders for Skilled Nursing Form
____ Special Family Habilitation Home	____ Habilitation Service Form ____ Schedule
____ Specialized Equipment (New) ____ Specialized Equipment (Repair)	____ Service Form ____ Recommendation ____ Spec. Eqmt Checklist ____ Itemized Invoice ____ Copies of Equipment from Internet or Catalog
____ Speech Therapy – Individual ____ Speech Therapy – Group	____ Service Form ____ Physician's Order ____ Treatment letter or recommendation
____ Subsequent Assessment	____ Assessment Report + Invoice (for ABI and Children's DD submit paragraph explaining the purpose of evaluation, the evaluator, and cost)
____ Supported Employment (Group)	____ Schedule ____ Employment Service Form
____ Supported Living <input type="checkbox"/> Daily <input type="checkbox"/> 15 min/group <input type="checkbox"/> 15 min/individual	____ Schedule ____ Supported Living Services Form